

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/031536	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1			1		51		51		
2	1						52		52		1
3	1						53		53		
4	3						54		54		
5	1						55		55		
6	1						56		56		
7	1						57		57		
8	1						58		58		
9	1						59		59		
10	1	1					60		60		
11	1						61		61		
12	1						62		62		
13	1						63		63		
14	1						64		64		
15	1						65		65		
16	1						66		66		
17	1						67		67		
18	1						68		68		
19	1						69		69		
20	1						70		70		
21							71		71		
22							72		72		
23							73		73		
24							74		74		
25							75		75		
26							76		76		
27							77		77		
28							78		78		
29							79		79		
30							80		80		
31							81		81		
32							82		82		
33							83		83		
34							84		84		
35							85		85		
36							86		86		
37							87		87		
38							88		88		
39							89		89		
40							90		90		
41							91		91		
42							92		92		
43							93		93		
44							94		94		
45							95		95		
46							96		96		
47							97		97		
48							98		98		
49							99		99		
50							100		100		
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.			18				TOTAL DEP.				
TOTAL CLAIMS			19				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831